

POSITION	INITIALS	ID NO.	DATE
<b>FEE DETERMINATION</b>	ML		07-26-01
<b>O.I.P.E. CLASSIFIER</b>			
<b>FORMALITY REVIEW</b>	BB	DC-916	08-02-01
<b>RESPONSE FORMALITY REVIEW</b>	Request	925	10-26-01

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral)... Canceled A ..... Appeal  
 -+ ..... Restricted O ..... Objected

Claim	Date
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Claim	Date
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Claim	Date
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523  
10/26/01  
22/10/01

If more than 150 claims or 10 actions  
staple additional sheet here

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